STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006522	A. BUILDING: _____ B. WING _____	06/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ATHENS HOME FOR THE AGED	203 SOUTH JOHNSON STREET NEW ATHENS, IL 62264

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Certification	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1010h) 300.1210b) 300.1210d)3)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.	S9999		

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S9999	Continued From page 2	S9999		

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements were not met as evidenced by:

Based on record review and interview the facility failed to provide timely assessment and treatment for one of 5 residents (R4) reviewed for pain in the sample of 11. This failure resulted in a delay in diagnosis of R4's fractured patella.

Findings include:

R4's Minimum Data Set, (MDS), dated 5/16/2016, documents a moderately impaired cognitive level.

R4's Fall incident Report, dated 8/24/2015 at 7:30 AM, documents in part, "Resident was on the ground, leaning with her back against the bed. (E3, Certified Nursing Assistant, CNA) that answered her call light called for nurse and other CNA down to resident's room. Resident had blood on her and the floor."

The facilities Investigative Report for Fall for R4, date of incident 8/24/2015 at 3:30 AM, documents, that E3 found R4 on the floor.

R4's Progress Note, dated 8/24/2015 at 11:42 AM, documents that R4 complained of pain and refused Skilled Occupational Therapy.

R4's Progress Note, dated 8/25/2015 at 9:35 AM, documents that R4 refused Physical Therapy and reported "I don't feel good, I hurt all over."

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S9999	Continued From page 3 R4's Progress Note, dated 8/26/2015 at 3:00 AM, documents in part, "complains of pain to legs PRN (as needed)." R4's Progress Note, dated 8/27/2015 at 11:19 AM, documents in part, "continues to complain of pain." R4's Progress Note, dated 8/29/2015 at 9:43 AM, documents in part, " c/o (complaint of) B (both) knee pain." R4's Progress Note, dated 9/1/2015 at 2:00 PM, documents in part, "Patient voices same c/o pain in knees." R4's Progress Note, dated 9/2/2015 at 2:30 PM, documents in part, "Resident complaining of pain to the LT (left) knee, given Norco 5/325 mg (milligrams)." R4's Progress Note, dated 9/3/2015 at 2:45 PM, documents in part, "complained of increased pain to L (left) knee. PRN Norco given." R4's Progress Note, dated 9/4/2015 at 10:45 AM, documents in part, "presents with SOB (shortness of breath), coupled with CO (complaint) of pain in L knee. Nurse reports that x-ray was ordered of L knee." R4's Progress Note undated and no time documents in part, "xray of Left knee D/T (due to) c/o pain and discomfort with no relief from analgesic cream and swelling." R4's Patient Report x-ray of left knee, dated 9/4/2015 at 5:02 PM, documents in part, "mildly comminuted transverse patellar fracture seen	S9999		

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S9999	Continued From page 4	S9999		

with mild diatases measuring 3 mm (millimeters). Follow up recommended."

There is no documentation in R4's clinical record of an assessment of R4's left leg /knee from 8/26/2015 until 9/4/2015.

R4's Physicians Orders, dated 9/4/2015, document weight bearing as tolerated, refer for Orthopedic consult, care pain meds and Physical Therapy as tolerated.

R4's Physicians Orders, dated 9/8/2015, documents in part, "please ice and elevate left knee when laying in bed."

On 6/15/2016 at 1:57 PM, E2, Director of Nurses (DON), said, "I would expect the nurses to do an assessment each shift with complaints of pain to a resident's knees." E2 also said that she would expect the nurses to contact the physician within 48 hours if pain persists. E2 could not provide documentation when the physician was contacted with R4's complaint of leg pain.

On 6/16/2016 at 10:11 AM, E3 said that she did not recall R4 falling on 8/24/2015. E3 also said that she could not recall if R4 has pain.

The facility's Resident Accident and Incident Evaluation & Investigation, Tracking and Monitoring policy documents in part, "Standard: Residents experiencing a fall or other incident will be promptly assesses for injury and investigation for causative factors. Policy: The medical record will reflect the occurrence, findings, actions, and outcome as appropriate. A multi-level review will be conducted to insure optimum response and minimize repeat occurrences. 1. Nurse on duty assess for injury, medical and nursing

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S9999	Continued From page 5 interventions, taking actions accordingly." (B)	S9999		